

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 10, 2005
Secretary of State**

DOCUMENT# N21033

Entity Name: WEST NASSAU HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

ATTN: BOBBY BOONE
PO BOX 5003
CALLAHAN, FL 32011

New Principal Place of Business:

P.O. BOX 1199
HILLIARD, FL 32046

Current Mailing Address:

ATTN: BOBBY BOONE
PO BOX 5003
CALLAHAN, FL 32011

New Mailing Address:

P.O. BOX 1199
HILLIARD, FL 32046

FEI Number: 55-0884532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKER, GARY
45328 GREEN AVE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY BAKER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, JEANNE
Address: 552017 US HIGHWAY 1
City-St-Zip: HILLIARD, FL 33046

Title: V () Delete
Name: MARSHALL, MARY ANNE
Address: 36116 GAGE RD
City-St-Zip: CALLAHAN, FL 32011

Title: S () Delete
Name: COPPS, TINA
Address: P.O. BOX 995
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: SCHEAFER, GERALDINE
Address: 540576 LEM TURNER RD
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAPPS, TINA
Address: P.O. BOX 995
City-St-Zip: CALLAHAN, FL 32011

Title: T (X) Change () Addition
Name: QUAILE, PATSY
Address: 35306 QUAILE RD
City-St-Zip: CALLAHAN, FL 32011

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE SCOTT

PD

10/10/2005

Electronic Signature of Signing Officer or Director

Date